

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
PLA Executive Director

**BEHAVIORAL HEALTH AND HUMAN SERVICE LICENSING BOARD
LICENSED MENTAL HEALTH COUNSELOR ASSOCIATE (LMHCA)
APPLICATION FOR LICENSURE BY EXAMINATION
INFORMATION AND INSTRUCTIONS**

Before completing and submitting your application to our office, please read all materials and information included.

CONTENTS OF APPLICATION PACKET

Applicants must download the following documents from the Board's Website at: www.pla.in.gov:

1. Application for Licensure as a Mental Health Counselor Associate
2. Information and Instruction Sheet
3. Criminal Background Check Information
4. Statutes and Administrative Rules which pertain to the Behavioral Health and Human Service Licensing Board

IPLA ADDRESS/TELEPHONE NUMBER/FAX/EMAIL/WEBSITE

Indiana Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Staff Phone: (317) 234-2054
FAX # (317) 233-4236
Staff Email: pla8@pla.IN.gov
Website: www.pla.IN.gov

CRIMINAL BACKGROUND CHECK REQUIRED

An individual applying for a mental health counselor associate license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check. <http://www.in.gov/pla/3241.htm>.

Criminal background checks must be obtained after you apply for your mental health counselor associate license with the Board and prior to the issuance of a license.

THE FAIR INFORMATION PRACTICE ACT

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Your social security number is being requested by this state agency in accordance with Ind. Code 4-1-8-1 and Ind. Code 25-1-5-11(a). Disclosure is mandatory, and this record cannot be processed without it.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

TRANSCRIPTS, EXAMINATION SCORE REPORTS & STATE VERIFICATIONS MUST BE SENT DIRECTLY FROM EACH ENTITY

The Board will not be able to accept any transcripts, examination score reports, or state verifications directly from the applicant. All transcripts, examination score reports, and state verifications must be sent directly to the Behavioral Health and Human Services Licensing Board from those entities.

EXAMINATION REQUIREMENT

The Board has adopted the National Board for Certified Counselors (NBCC) National Counselor Examination (NCE) to obtain a mental health counselor associate license. You may use current licensure/certification as a mental health counselor associate in another state to exempt yourself from taking the examination, provided you took the NCE examination in another state or an equivalent state constructed examination at the same level or higher.

PLEASE NOTE: If you did not take an examination to receive licensure/certification in the another state at the same level or higher level, you will be required to take the NCE before you will be licensed as a mental health counselor associate in the State of Indiana. If you have taken the NCE examination, you will only be required to take the Indiana jurisprudence (law) examination.

ABANDON APPLICATIONS

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

ISSUANCE OF LICENSE

Upon issuance of your license by the Board, you will be sent an email notifying you that your license has been issued. There will be instructions on how to purchase a blue license card to be mailed to you or how to download a free license card for immediate printing.

Ind. Code 25-23.6-4.5-3(b) requires that an individual who is licensed as a mental health counselor associate shall:

- (1) Display the license or a clear copy of the license at each location where the mental health counselor regularly practices; and
- (2) Includes the words “licensed mental health counselor associate” or the letters “LMHCA” on all promotional material s, including business cards, brochures, stationary, advertisements, and signs that name the individual.

Therefore, you must either download the free license card or purchase a blue license card to post. IPLA staff cannot print license cards to be mailed or for walk-ins to our office.

This service is available on our website at www.in.gov/pla/license.htm.

LICENSE EXPIRATION AND CONTINUING EDUCATION

Mental health counselor associates licensed in the State of Indiana are required to obtain at least forty (40) hours of continuing education, with at least twenty (20) hours of Category I Continuing Education to include two (2) hours of Category I Ethics Continuing Education, in order to renew their license. A mental health counselor associate who has been licensed less than twenty-four (24) months will need twenty (20) hours of continuing education with one (1) hour of Category I Ethics continuing education to renew their license. A mental health counselor associate who has been licensed less than twelve (12) months is not required to obtain continuing education in order to renew their license. An individual may renew a mental health counselor associate license two (2) times.

Detailed information regarding the continuing education requirement is available at the Board’s website at www.pla.IN.gov or you may contact our office by calling (317) 234-2054 or by email at pla8@pla.IN.gov.

LICENSED MENTAL HEALTH COUNSELOR ASSOCIATE APPLICATION FOR LICENSURE BY EXAMINATION INSTRUCTIONS

All applicants must submit an application and supporting documentation to:

Indiana Professional Licensing Agency
Attn: Behavioral Health and Human Services Licensing Board
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

AFFIDAVIT

If you answer “yes” to any of the seven (7) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however, they may accompany your affidavit.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.

CRIMINAL BACKGROUND CHECK REQUIRED

All applicants applying for a mental health counselor associate license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check on the Board’s website at <http://www.in.gov/pla/3241.htm>.

A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.

FEE INFORMATION

Applicants must submit a **fifty dollar (\$50.00)** application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **All fees are non-refundable and nontransferable.**

PHOTOGRAPH

Applicants must submit one (1) photograph, approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No “Polaroid” type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

EDUCATION

Applicants for a mental health counselor license or mental health counselor associate license must have received a **master's or doctor's degree in an area of mental health counseling** from an eligible postsecondary educational institution that meets the requirements of the board.

An applicant for a mental health counselor license or mental health counselor associate license must complete the following educational requirements:

(1) Complete sixty (60) semester hours of graduate course work in counseling that must include either a master's degree that required not less than forty-eight (48) semester hours or a doctor's degree in counseling. The graduate course work must include the following content areas:

- (A) Human growth and development.
- (B) Social and cultural foundations of counseling.
- (C) Helping relationship, including counseling theory and practice.
- (D) Group dynamics, processes, counseling, and consultation.
- (E) Lifestyle and career development.
- (F) Assessment and appraisal of individuals.
- (G) Research and program evaluation.
- (H) Professional orientation and ethics.
- (I) Foundations of mental health counseling.
- (J) Contextual dimensions of mental health counseling.
- (K) Knowledge and skills for the practice of mental health counseling and psychotherapy.
- (L) Clinical instruction.

Applicants must submit an official transcript, **sent directly to the Board from the college or university**, from which you obtained the degree, showing that all requirements for graduation have been met and the date the degree was conferred.

NOTE: Transcripts must be original, official transcripts sent directly to the Board from the university. Copies of transcripts, transcripts issued to applicants, or incomplete (not yet showing your degree has been granted) transcripts are not acceptable.

PRACTICUM, INTERNSHIP, and ADVANCED INTERNSHIP

Applicants must complete not less than one (1) supervised practicum, internship, or field experience in a counseling setting, which must include a minimum of one thousand (1,000) clock hours consisting of one (1) practicum of one hundred (100) hours, one (1) internship of six hundred (600) hours, and one (1) advanced internship of three hundred (300) hours with at least one hundred (100) hours of face to face supervision. This requirement may be met by a supervised practice experience that took place away from an eligible postsecondary educational institution but that is certified by an official of the eligible postsecondary educational institution as being equivalent to a clinical mental health graduate level practicum or internship program at an institution accredited by an accrediting agency approved by the United States Department of Education or the Association of Universities and Colleges of Canada. Verification of practicum, internship, advanced internship and supervision must be received directly from the university verifying the information.

Applicants that graduated after July 1, 2014 are required to obtain a mental health counselor associate license prior to accruing postgraduate clinical experience hours to count towards future mental health counselor licensure.

VERIFICATION OF LICENSURE

Applicants must provide a Verification of State Licensure/Certification form from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. This information must be **sent directly to the Board by the state** that issued the license.

If a state examination was administered, please have the state board attach the examination subjects and scores to the verification of licensure form. The information must be sent by the state or province that issued the license.

The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. The form may be duplicated if necessary. Other jurisdictions may charge a fee to verify licensure. You may wish to contact the state boards prior to your request for verification. You do not need to complete this form if you only hold licensure or certification in the State of Indiana.

NAME CHANGE

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.

EXAMINATION APPROVAL

An applicant who has been approved by the Board to take the examination must take the examination within one (1) calendar year from the date of the initial Board approval. If the applicant has not taken the examination within one (1) calendar year from the date of initial Board approval, the approval will be invalid and the applicant must submit a new application and all required documentation must be resubmitted. **No extensions will be granted.**

Applicants who have failed the examination and who wish to retake the examination, must submit a Repeat Examination Application, fees and other requirements as determined by the Board. Repeat examination candidates must wait a period of ninety (90) days from the date of the failed examination before being approved to retake the examination. An applicant who has failed the examination three (3) times shall personally appear before the Board at the next available meeting prior to retaking the examination.

All questions and requests for information about the NCE licensure examination should be directed to:

NBCC Assessment Department
3 Terrace Way; Suite D
Greensboro, NC 27403
(336) 547-0607
www.nbcc.org

TESTING ACCOMMODATION REQUEST

If you have a disability which may require some special accommodation in taking this examination, please request a Testing Accommodation Request Form from the Indiana Professional Licensing Agency by calling (317) 234-2054 or by email at pla8@pla.in.gov. If you are hearing or speech impaired, you may utilize the Indiana Relay System by calling 1-800-743-3333. If an accommodation is not requested prior to Board approval to take the examination, the Board cannot guarantee the availability of the accommodation on-site.

OFFICIAL SCORE REPORT

Upon completion of the NCE examination, results will be released to our office the first Friday of the following month the examination was administered. If you passed the examination, your mental health counselor associate license will be issued. If you failed the examination, you will receive notification from our office via email that will include instructions on how to apply to retake the examination. Please allow 7 to 10 business days for our office to process examination results once they are received.

**LMHCA by EXAMINATION
APPLICATION CHECKLIST**

If you are applying for licensure as a mental health counselor associate (LMHCA) by examination, you must complete and submit the following forms.

- _____ Completed application form
- _____ One (1) passport quality photograph
- _____ \$50 Application/Issuance Fee
- _____ Notarized affidavit explaining any “yes” answer on the application
- _____ Criminal History Background Check
- _____ Official Transcript(s) sent directly from the university
- _____ Form C – Verification of Graduate Coursework
- _____ Form P – Verification of Practicum (100 hours)
- _____ Form I – Verification of Internship (600 hours)
- _____ Form AI – Verification of Advanced Internship (300 hours)
- _____ Out of State License Verification(s)

CRIMINAL BACKGROUND CHECK INSTRUCTIONS

Please wait for the Email notice. Do not submit to a criminal background check until you receive an email notifying you that the board has received your application. A criminal background check (CBC) completed prior to the submission of an application for licensure will not be considered valid. An application is not considered “received” until it is manually entered into the IPLA licensing system by board staff. An email is sent out notifying you that the application is in our system and you are eligible for the CBC. If an application is not received before scheduling a CBC, the applicant will be required to submit to another check resulting in additional fees. As stated, you will receive an email from your board notifying you that you are eligible for the CBC.

Fingerprint rejections may lead to delay. If your fingerprints are rejected two (2) times by the FBI, you will be required to submit a written verification to complete your criminal background check. This written verification process can take up to six (6) weeks or longer to complete once the written verification form is received. Fingerprint rejections occur for different reasons including the prolonged use of hand sanitizer and the wearing of latex gloves. IPLA does not conduct or administer the criminal background checks and cannot assist you with expediting the process.

Applicants who reside out of state, or are physically unable to go to a location to be fingerprinted may use MorphoTrust Card Scan Processing Program. To view step-by-step instructions, please go to <http://www.i1enrollment.com/state/forms/in/53110e81122f7.pdf>.

Follow the simple steps outlined below to complete the fingerprinting process:

1. Once you receive the email from the board notifying you that your application has been received, go to <http://www.identogo.com> and choose Indiana.
2. If you do not have access to the internet, you may call MorphoTrust toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked for demographic and personal information instead of completing these steps yourself.
3. Click on Indiana.
4. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish).
5. Enter your first and last name and click “go”.
6. Choose your Agency Name Professional Licensing Agency and click “go”.
7. Choose the correct Applicant Category for your license type and click “go”.
8. Select the location where you want to be fingerprinted. You may choose a region of the state, by clicking on the map, or entering a zip code to view a list of locations in a specific area. Press “go”.
9. Click on the words “Click to Schedule” across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the “Next Week>>” link to display more dates. Once you select the location/date combination, select the time for your appointment and click “go”.
10. Complete the demographic information page. Required fields are indicated by a red asterisk (*). When complete, click “Send Information”.
11. Confirm the information by following the on screen directions to make any changes necessary. Once you review and verify the data is correct, click “Send Information”.
12. Complete your payment process and click “Send Payment Information”.
13. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
14. Bring one (1) of the following with you to your fingerprinting appointment:
 - valid driver license;
 - valid state issued identification card;

- valid passport;
- student identification card with picture and date of birth (DOB);
- work identification card with picture and DOB; or
- valid alien identification card with picture and DOB.

If you do not have the above identification, you will need **both** a valid birth certificate and a social security card.

15. Arrive at the facility at your appointed date and time.
16. The enrollment officer at the site will check your ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
17. You will receive a signed receipt at the end of your fingerprinting session, which can be provided to your agency for proof of fingerprinting, if needed.
18. All results will be processed and delivered to the Indiana Professional Licensing Agency. MorphoTrust is never in possession of criminal record data results.